U.S. Departm United States	Case 1:12 nent of Justice Marshals Service	2-cr-1022 e	26-DJC	-	it 637 Eiled C PROCESS F See <u>"Instructions f</u>				N hat"	
PLAINTIFF United States of America							COURT CASE NUMBER  CR 12-10226-DJC			
DEFENDANT Tamara Kosta, et al.							TYPE OF PROCESS C T T T T T T T T T T T T T T T T T T			
SERVE AT	(	Inited States	scurrency	seized from T	TC. TO SERVE OR D TD Bank account r P Code)			TOSEIZE	OREON	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW							Number of process to be served with this Form 285			
Doreen M. Rachal, Assistant U.S. Attorney United States Attorney's Office John Joseph Moakley United States Courthouse							Number of parties to be served in this case			
1 Courthouse Way, Suite 9200 Boston, MA 02210							Check for service on U.S.A.			
	orney other Originate	or requesting so	ervice on beh	,	▼ PLAINTIFF		JLJ x 32	DATE		
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NO							(617) 748-3100 4/30/15			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 is submitted)  Total Process Origin Origin No.					Signature of Auth		IS Deputy or Clerk	w IIIis	Date 9/5/15	
l hereby certify on the individua	and return that I	have personall tion, etc., at the	y served ,	have legal evide wn above on the	nce of service, have on the individual, com	ve executed npany, corpo	as shown in "Rema ration, etc. shown a	rks", the pro	cess des inserted	cribed I below.
<del></del>	rtify and return that I of individual served (			lividual, company	, corporation, etc. nam	ned above (S	A person of s then residing of abode			
Address (complete only different than shown above)							Date 5/5/15	Time		am
							Signature of U.S.	Marshal or	eputy	
Service Fee	Total Mileage Ch including endeave		rding Fee	Total Charges	Advance Deposit	Amou (Amou	nt owed to L.S. Mai unt of Refund*)	rshal* or		
DEMARKS:	DEMARKS.						\$0.00			
REMARKS:		Transfe	meel	into	AFR				1	$\Im$

- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

  - USIMS RECORD
     NOTICE OF SERVICE
     BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
     ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285 Rev. I2/15/80 Automated 01/00